



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

WILLIAM D STRINDEN MD

Respondent Name

STATE OFFICE OF RISK MANAGEMENT

MFDR Tracking Number

M4-14-2753-01

Carrier's Austin Representative

Box Number: 45

MFDR Date Received

MAY 8, 2014

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The diagnosis code for wrist contusion was required to be present on the claim according to a customer service representative we spoke with on February 6, 2014. The claim was corrected and refilled on 02/07/14 but to date no payment has been received. I am again submitting corrected claim."

Amount in Dispute: \$92.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The Office performed an in-depth review of the provider's bill submissions and found that on 12/27/2013 the Office received a medical bill for date of service 12/11/2013 utilizing ICD 9 code 727.41 – Ganglion of wrist billing with CPT codes 99202 – Office/Outpatient visit New and CPT code 99080-73 in the amount of \$91.00, an audit was performed and the bill was denied for 167 – This(these)diagnosis(es) [sic] is (are) not with a comment 'The comp injury is limited to Left wrist-contusion'. The requestor submitted a 'corrected' claim on 3/26/2014, an audit was performed where it was determined that due to the requestor changing the billed amount and billing ICD 9 code that this is to be considered a 'new' bill and had not been submitted within 95 days from the date of service pursuant to Rule 133.20(b) titled Medical Bill Submission by a Health Care Provider. The Office would like it further noted that a request for reconsideration for either of these submissions has not been received as of the date of this response. The submission that was received on 3/26/2014 did not meet the criteria set forth in Rule 133.240(d)(1)to [sic] processed as a request for reconsideration as the requestor did not bill with identical codes and charges as the original audit that was received on 12/27/2013."

Response Submitted by:

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
December 11, 2013	Professional Services and DWC-73 Form	\$77.00	\$0.00
December 13, 2013	Form DWC-73	\$15.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.
2. 28 Texas Administrative Code §133.20 sets out the procedures for health care providers to submit workers' compensation medical bills for reimbursement.
3. 28 Texas Administrative Code §102.4 sets out the rules for non-Commission communications.
4. Texas Labor Code §408.027 sets out the rules for timely submission of a claim by a health care provider.
5. Texas Labor Code §408.0272 sets out the rules for certain exceptions for untimely submission of a claim by a health care provider.
6. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - 167- This (These) Diagnosis(es) is (are) not covered. The comp injury is limited to LT Wrist-Contusion.
 - 29 – The time limit for filing has expired. The provider has resubmitted this bill, but has removed/changed the diagnosis code, CPT/HCPCS code(s) and/or total bill charge amount, thus making it a new bill and subject to the 95 day timely filing rule.

Issues

1. Is the timely filing deadline applicable to the medical bills for the services in dispute?
2. Did the requestor forfeit the right to reimbursement for the services in dispute?

Findings

1. 28 Texas Administrative Code §133.20(b) states, in pertinent part, that, "except as provided in Texas Labor Code §408.0272(b)(c) and (d), a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided. In accordance with subsection (c) of the statute, the health care provider shall submit the medical bill to the correct workers' compensation insurance carrier not later than the 95th day after the date the health care provider is notified of the health care provider's erroneous submission of the medical bill. A health care provider who submits a medical bill to the correct workers' compensation insurance carrier shall include a copy of the original medical bill submitted, a copy of the explanation of benefits (EOB) if available, and sufficient documentation to support why one or more of the exceptions for untimely submission of a medical bill under §408.0272 should be applied..." Review of the documentation submitted by the requestor finds no convincing documentation to support that any of the exceptions described in Texas Labor Code §408.0272 apply to the services in this dispute. For that reason, the requestor in this dispute was required to submit the medical bill not later than 95 days after the date the disputed services were provided.
2. Texas Labor Code §408.027(a) states, in pertinent part, that "Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for payment." 28 Texas Administrative Code §102.4(h) states that "Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on: (1) the date received, if sent by fax, personal delivery, or electronic transmission or, (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday." Review of the submitted information finds no documentation to support that a medical bill was submitted within 95 days from the date the services were provided. Therefore, pursuant to Texas Labor Code §408.027(a), the requestor in this medical fee dispute has forfeited the right to reimbursement due to untimely submission of the medical bill for the services in dispute.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	_____	April 15, 2015
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.